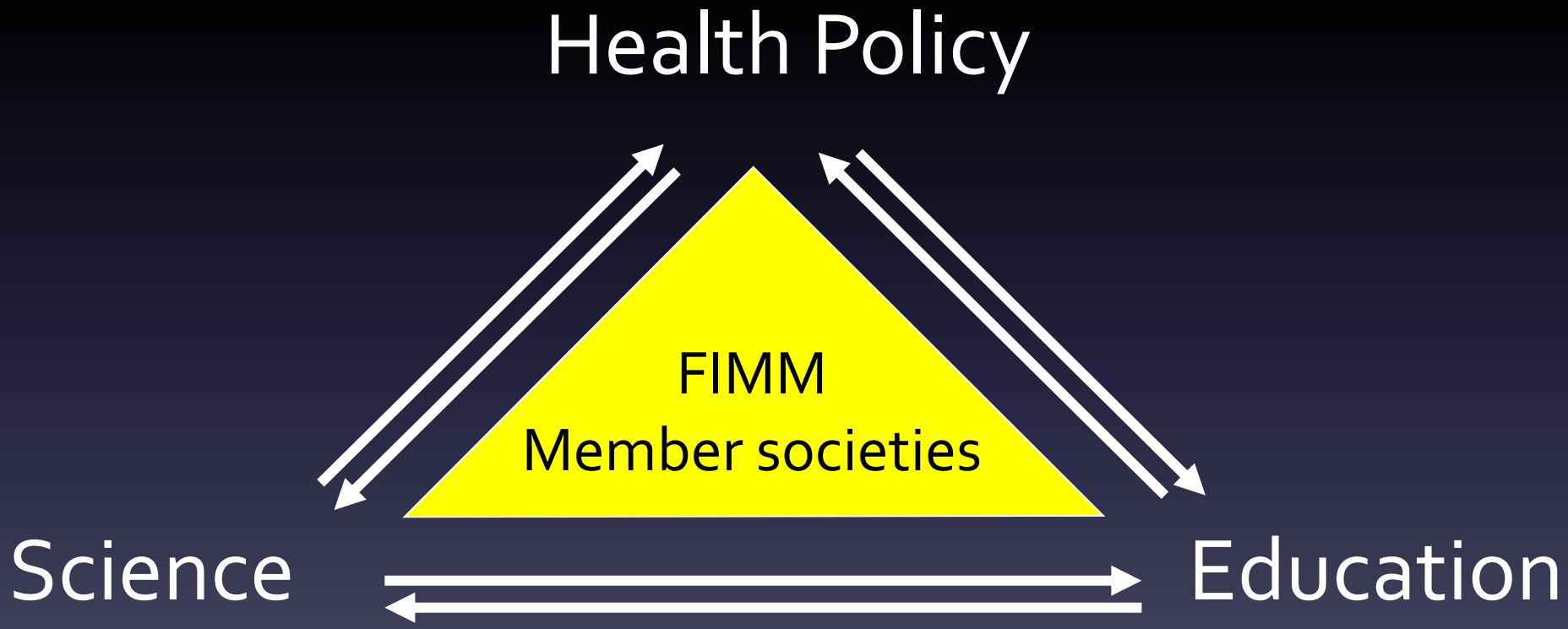
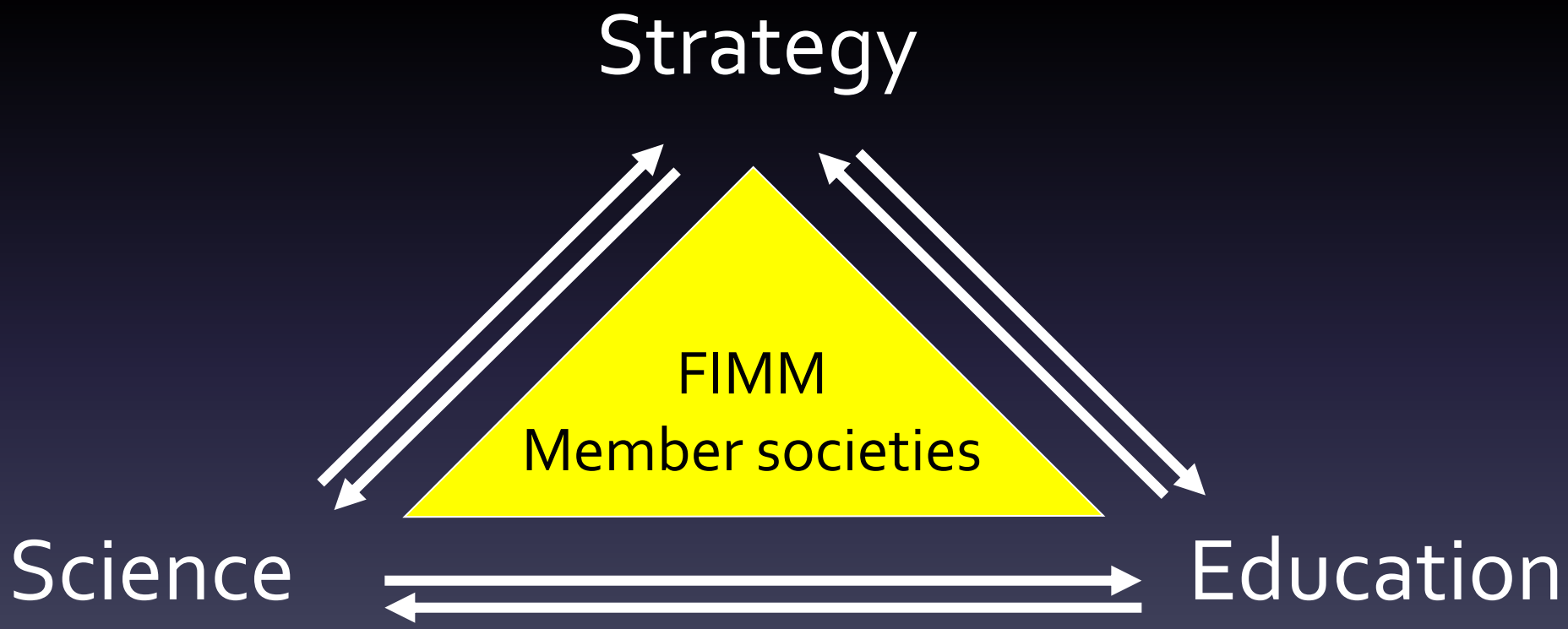
18th HPB Report 2024

FIMM Health Policy Board

The era of health policy



The political era has begun



The tasks of the HPB

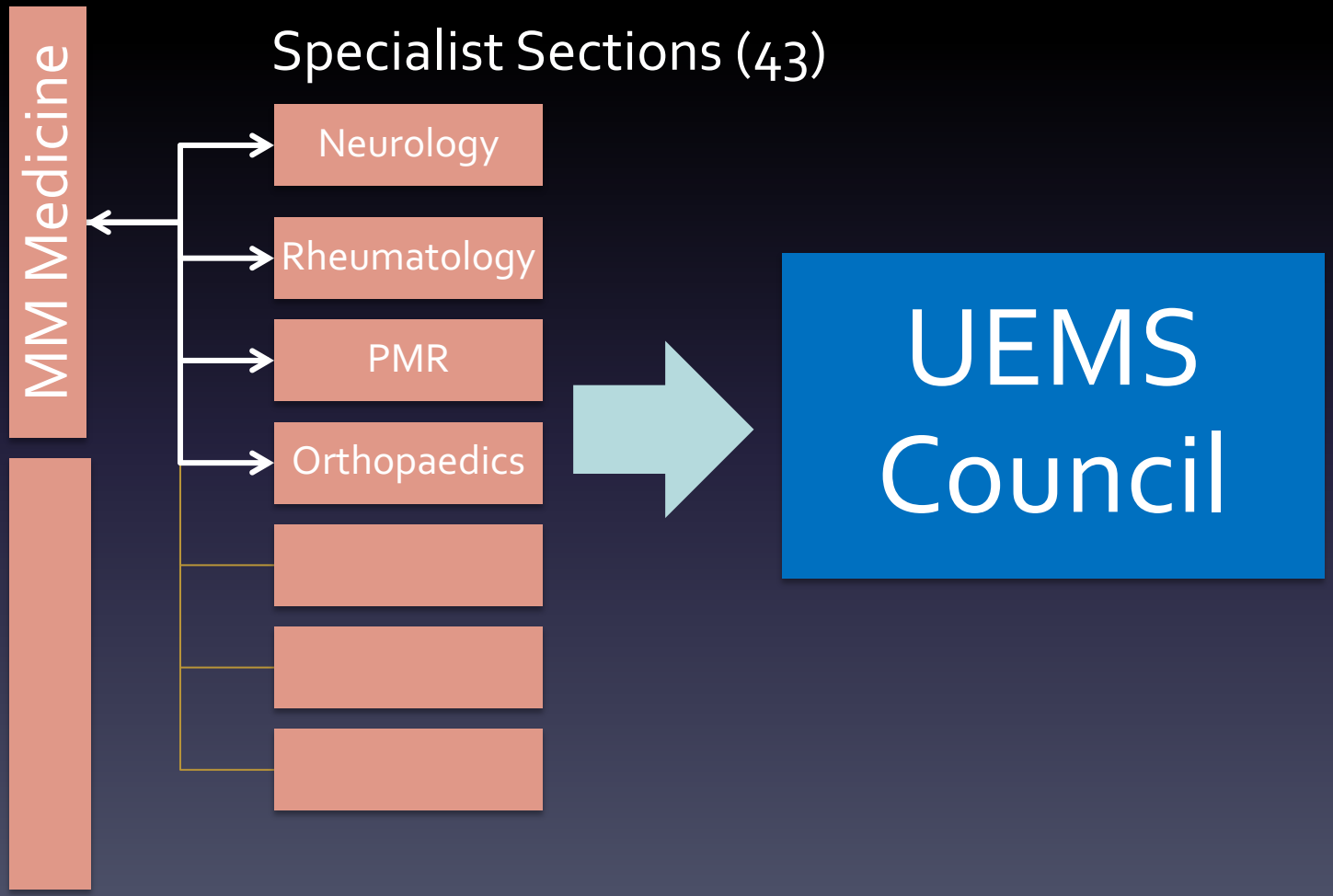
1. UEMS project (UEMS team)
   Union Européenne des Médecins Spécialistes

2. WHO project (WHO team)
   World Health Organisation

Realisation in 2012

By a mandate given to ESSOMM

MJC (16) (Multidisciplinary Joint Committees)



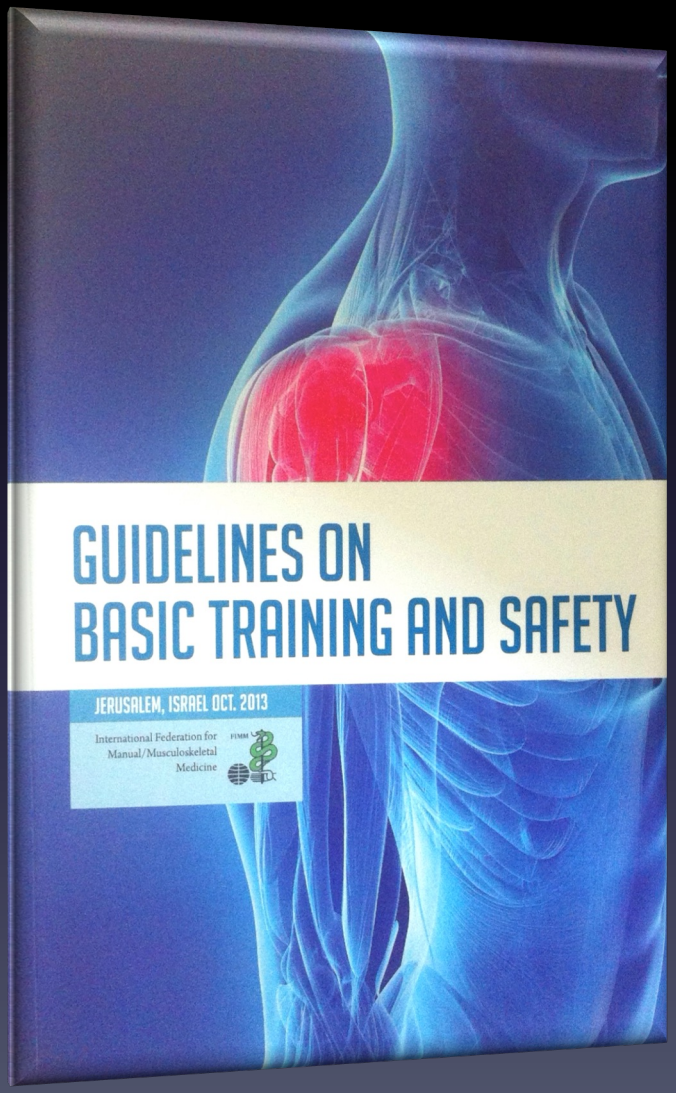
The tasks of the HPB

1. UEMS project (UEMS team)
   Union Européenne des Médecins Spécialistes

✓ accomplished

FIMM Guidelines 2013 v3.1

Tel Aviv



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What is the purpose of the FIMM Guidelines ?

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- To describe and delineate different levels in the requirements for MM medicine education.
- To serve as a reference for national and professional authorities in establishing an examination and licensing system for the qualified practice of MM medicine.
- To review contraindications in order to minimize the risk of accidents.
- To promote the safe practice of MM medicine.

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Many editorial changes were achieved.

Guidelines on basic training and safety

adopted by the FIMM General Assembly on October 15th, 2013
official content version 3.0

GUIDELINES ON
TRAINING, SAFETY, EVIDENCE AND QUALITY

SECOND EDITION
adopted by the FIMM General Assembly on September 21st, 2024
version 5.1
English edition

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New Sections:

SECTION V: EVIDENCE IN MM MEDICINE

SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

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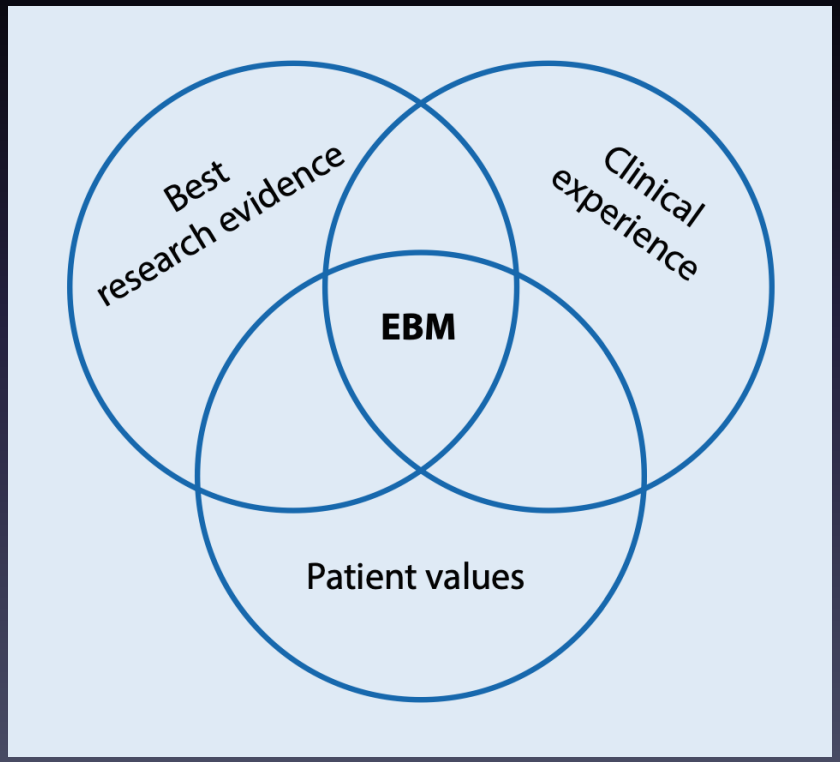
SECTION V: EVIDENCE IN MM MEDICINE



Haneline 2007

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SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

- Countries commit to achieving *health for all.*
- It is therefore imperative to carefully consider the quality of care and health services.
- Quality health care can be defined in many ways.
- Quality health services should be:

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SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

- **Effective**
  providing evidence-based healthcare services to those who need them,
- **Safe**
  avoiding harm to people for whom the care is intended, and
- **People-centred**
  providing care that responds to individual preferences, needs and values.

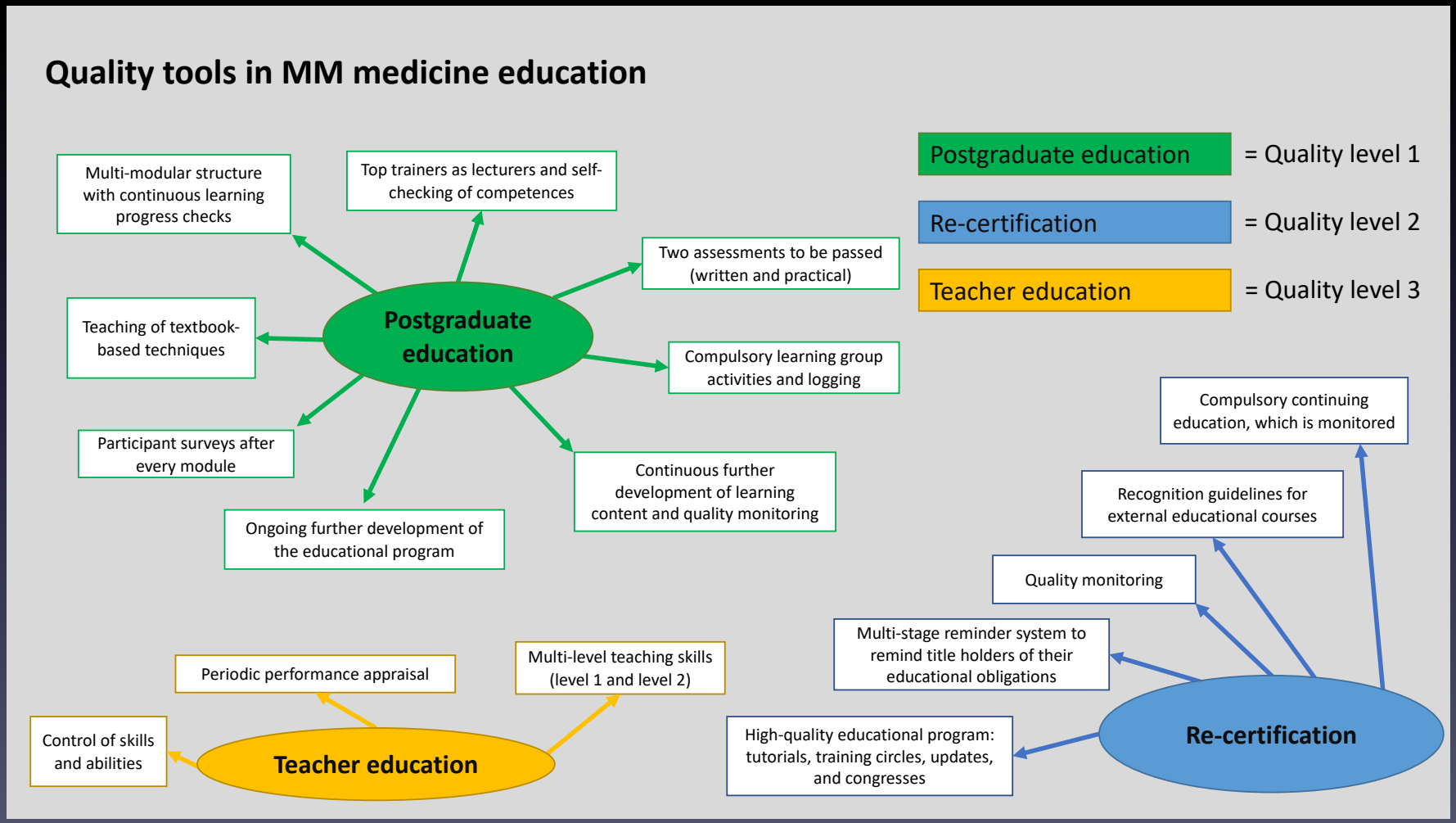
SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

Different aspects of quality

- Requested qualification of a trainer
- Core competencies for trainers
- Quality management for trainers
- Quality of the organisation or institution providing the education
- Quality tools in MM medicine

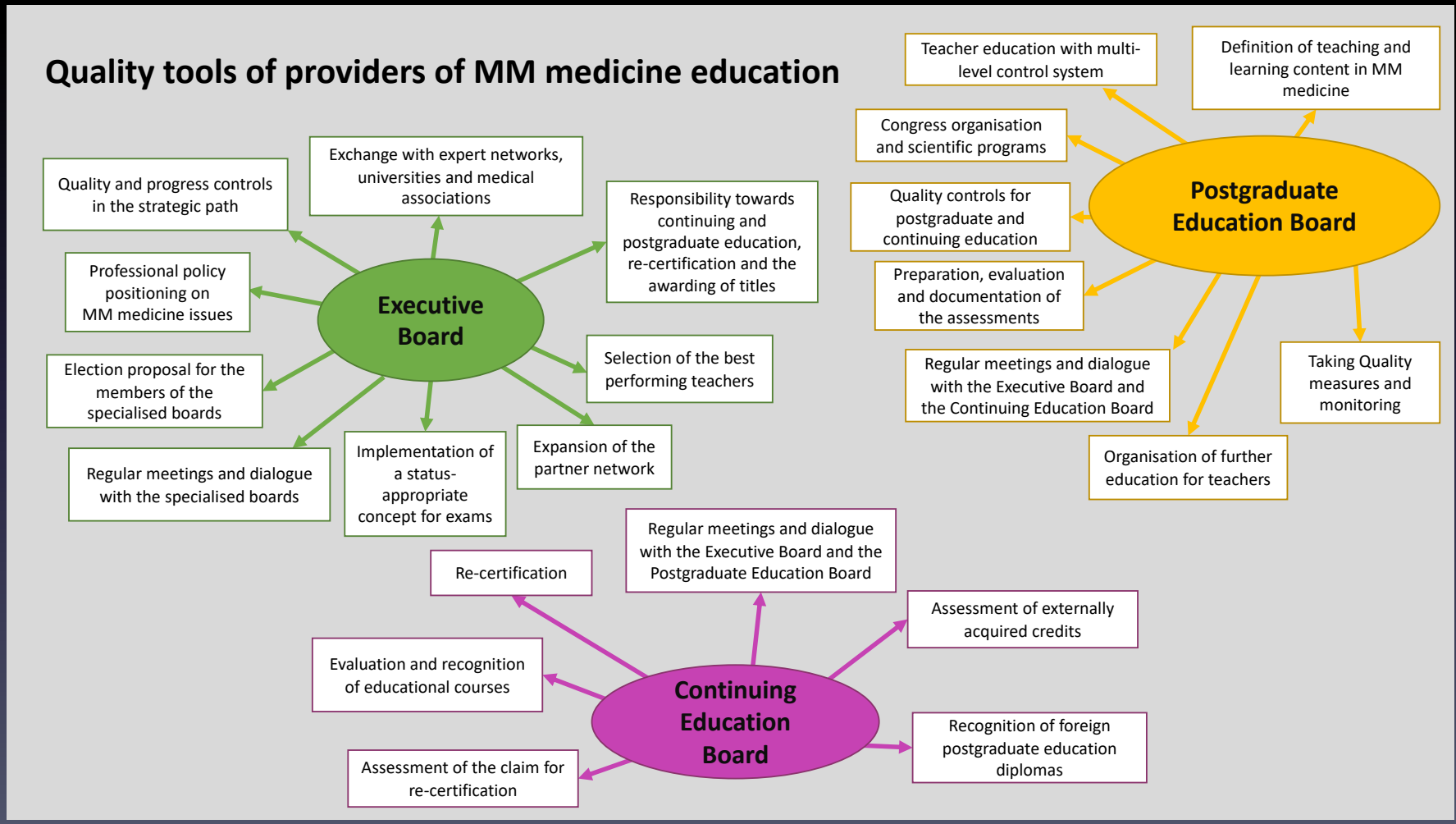
SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

Quality tools in MM education



SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

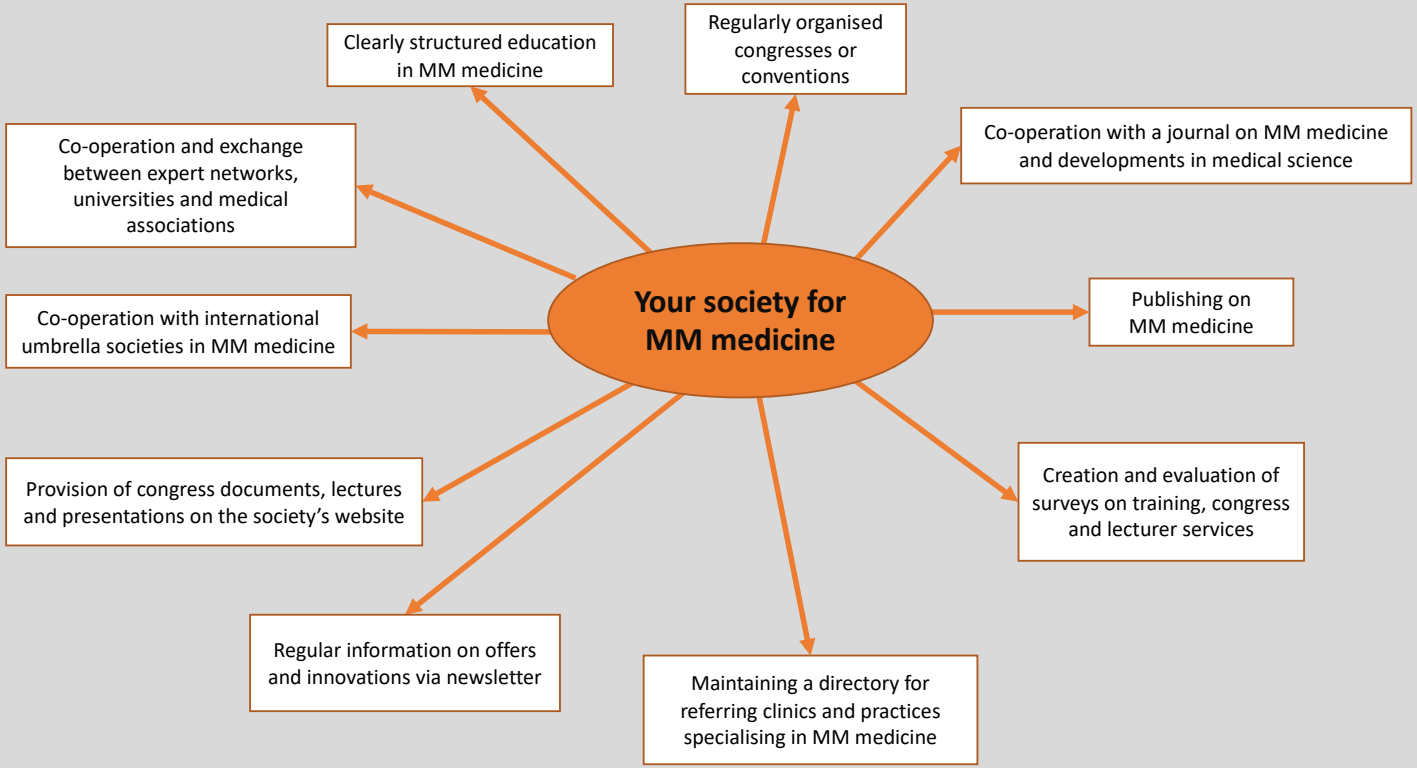
Quality tools of providers



SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

Further quality tools

Further quality tools in MM medicine



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SECTION II: TRAINING IN MM MEDICINE

- *Structure- and process-based* and the *competency-based* variants are presented.
- In one method, the focus is on the assessment of time spent and the credits awarded for this (for example 300 hours and 30 credits).
- In the other, the focus is on the assessment of professional competences and how the trainee deals with them (for example the assessment of knowledge, skills and attitude).

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Variables	Educational Program	
	Structure- and process-based	**Competency-based**
Driving force for curriculum	Content – knowledge aquisition	Outcome – knowledge application
Driving force for process	Teacher	Learner
Path of learning	Hierarchical	Non-hierarchical
Responsibility for content	Teacher	Student and teacher
Goal of educational encounter	Knowledge acquisition	Knowledge application
Typical assessment tool	Single subjective measure	Multiple objective measures (evaluation portfolio)
Assessment tool	Proxy	Authentic (mimics real tasks of profession)
Setting of evaluation	Removed	In the trenches (direct obser-vation)
Evaluation	Norm-referenced	Criterion-referenced
Timing of assessment	Emphasis on summative	Emphasis on formative
Program	Fixed time	Variable time

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SECTION II: TRAINING IN MM MEDICINE

3.5.1. Competence-based definition

The skill set includes profound clinical expertise relating to axial and appendicular structures and the associated soft tissues. This consists of clinical reasoning and thorough knowledge of the disorders and treatment techniques, incorporating a complete set of manual techniques related to the physician's or surgeon's specialty.

3.5.2. Structure and process-based definition

This level corresponds to a specialty related competency for MM medicine used in the broad base of clinical conditions related to that physician's or surgeon's specialty practice. This corresponds within the Bologna concept to a DAS [27, 28] (Diploma of Advanced Studies), which allocates 30 ECTS.

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SECTION II: TRAINING IN MM MEDICINE

1	Level 1	Medical school level or predoctoral level
2	Level 2	MM-recognition level or facility level
3	Level 3	MM-specialist level or specialty level
4	Level 4	Master level or doctorate level

Tab. 2: Levels of education in MM medicine.

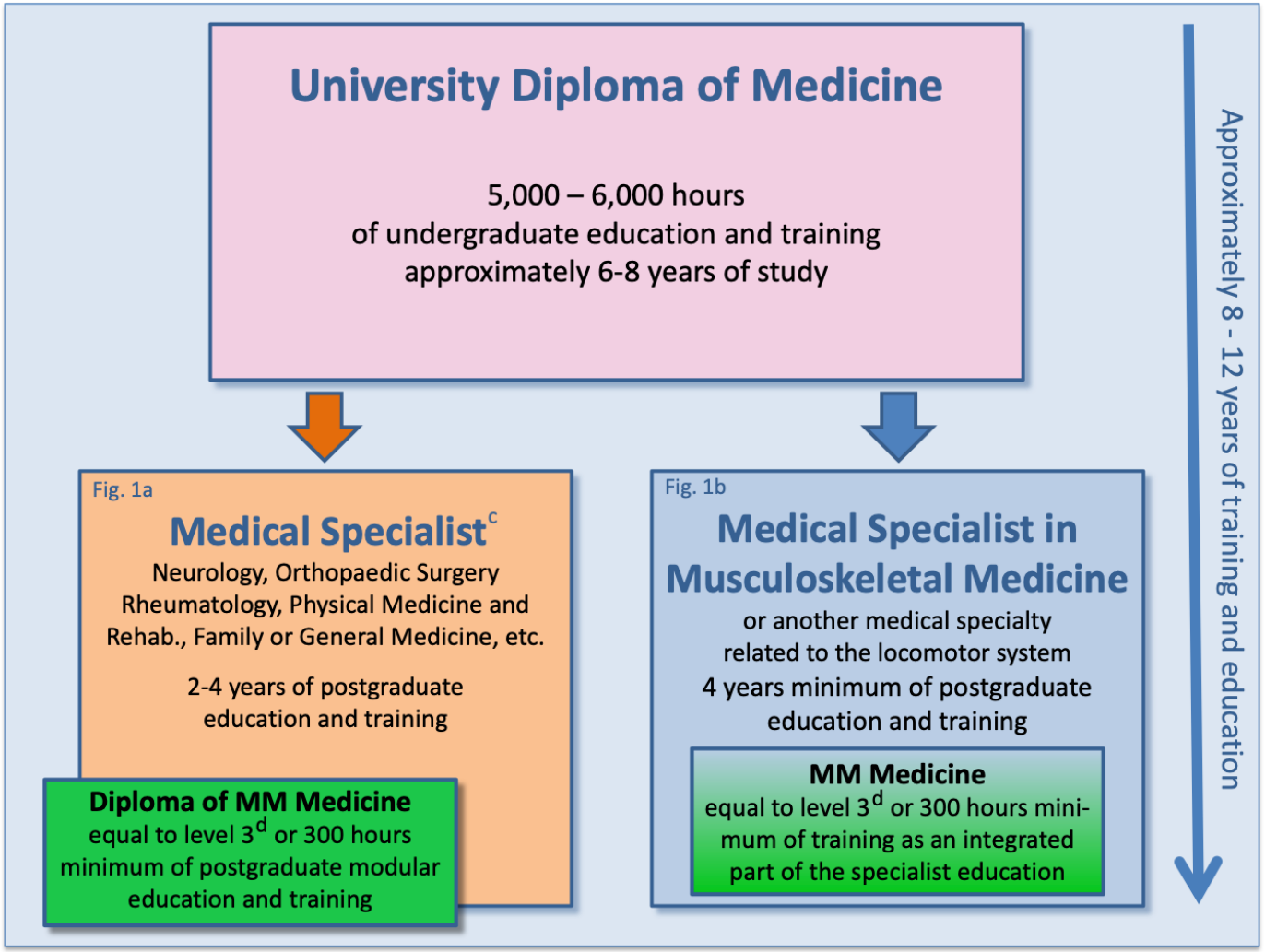

Fig. 1a: The *capacity model*. Manual Medicine is a subspecialty or a capacity in relation to any medical or surgical specialty dealing with clinical medicine.

Fig. 1b: The *component model*. Manual Medicine is an integrated component of the curriculum of the medical specialty of Musculoskeletal Medicine or of another medical specialty related to the locomotor system.

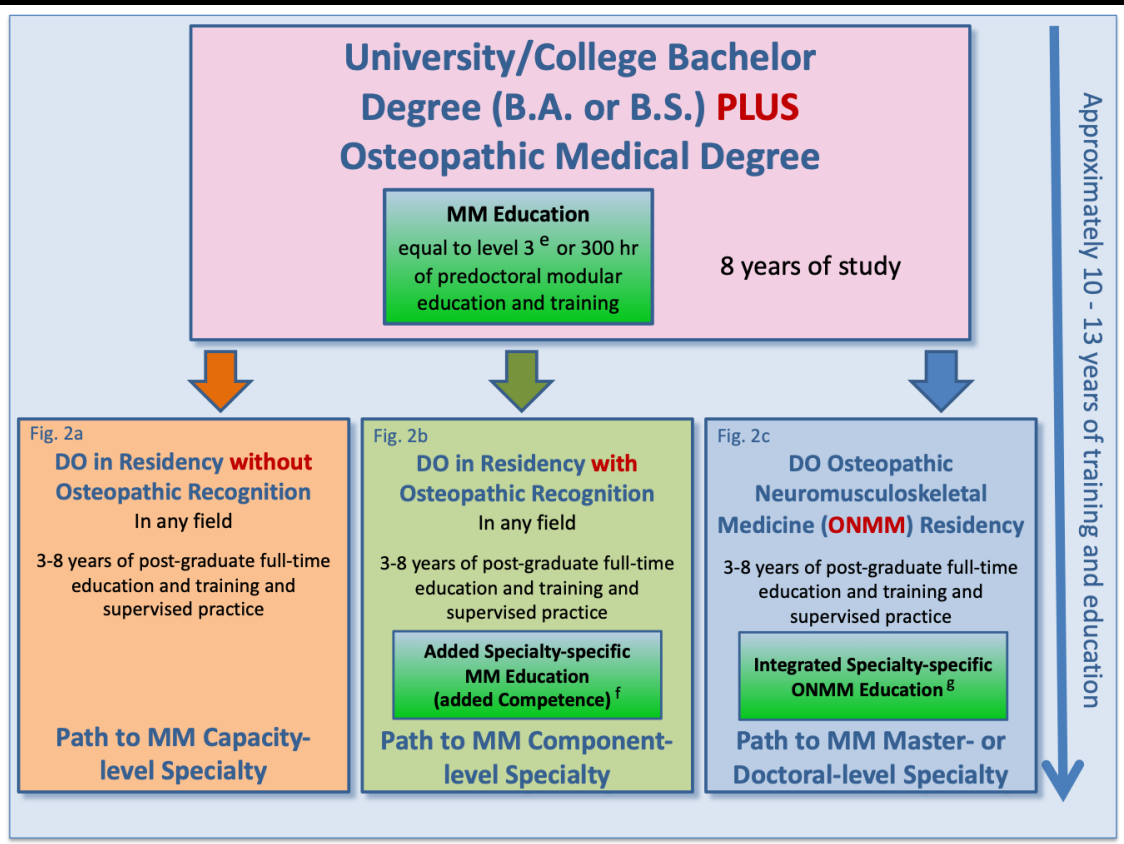

Fig. 2a: *A capacity model.* Osteopathic Manipulative Medicine and Osteopathic Manipulative Treatments are integrated components of the predoctoral curriculum of all US-graduated DO physicians. Such DOs in the USA qualify as MM Capacity-level specialists in any medical or surgical discipline.

Fig. 2b: *A component model.* An allopathic graduate (MD) or US-graduated DO who completes a residency with an "osteopathic recognition" curriculum within a given specialty field may qualify as MM Capacity- or MM Component-level specialists depending on the discipline. (For example, capacity-level Family Practice with OMT specialists).

Fig. 2c: *Master- or Doctoral-level model.* An allopathic graduate (MD) or US-graduated DO who completes an Osteopathic Neuromusculoskeletal Medicine (ONMM) residency or completes qualifications including a thesis defense to obtain an FAAO (Fellow of the American Academy of Osteopathy) award may qualify as a MM Master- or Doctoral-level specialist.

5.4. Republic of Korea

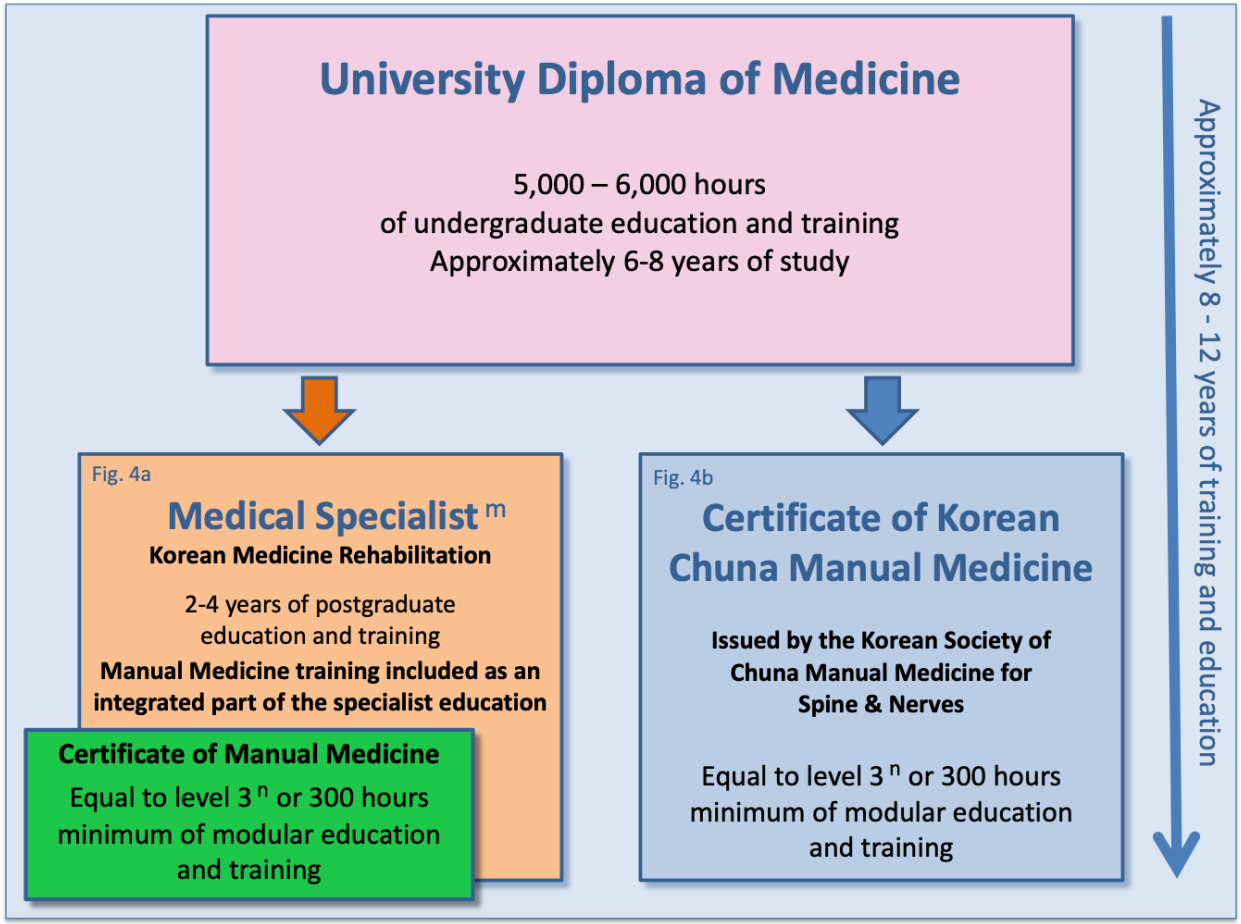

Fig. 4a: *Korean capacity model.* Specialists in Korean Medical Rehabilitation receive basic training in Manual Medicine. They can complete this with a Certificate on level 3 n or a 300 hour Certificate of Manual Medicine.

Fig. 4b: Holders of the Certificate of Korean Chuna Manual Medicine receive training at level 3 n or at least 300 hours of training in Manual Chuna Medicine.

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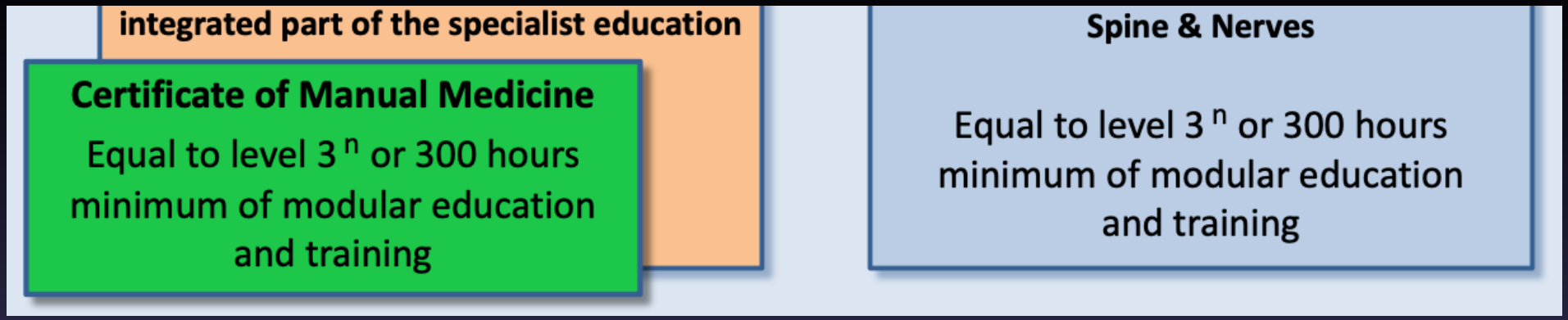

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SECTION I :	General considerations
SECTION II :	Training programs
SECTION III :	Contraindications, complications
SECTION IV :	Safety
SECTION V :	Evidence
SECTION VI :	Quality
SECTION VII :	Glossary

The tasks of the HPB

2. WHO project (WHO team)

   World Health Organisation

✓ accomplished

HPB Members 2022 (approved 2020, adopted later)

(according to a decision of the FIMM General Assembly 2020)

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FIMM Executive Board

* replaces Prof. Berit Schiøttz-Christensen, Denmark

Advisors: Prof. Boyd Buser | Prof. Michael L. Kuchera

FIMM Guidelines 2024 V5.0

This is not the end !

We need your genius and help.

Please report to your observations:
b.terrier@bluewin.ch
Get a word format.
Deadline: November 30,2024

The FIMM Health Policy Board 2005 - 2024

- The time for the FIMM HPB has come to a successful end.
- The strategic tasks should take centre stage.
- This is why a structural change seems appropriate.

The FIMM Health Policy Board 2005 - 2024

- We are looking forward to this change !

- The HPB shall be replaced for the sake of FIMM:

- Introducing the new
  FIMM Strategy Advisory Board (SAB).

The FIMM Health Policy Board 2005 - 2024

Thank you